

PTO/SB/21 (08-04)

Approved for use through 07/31/2008. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/730,499	RECEIVED CENTRAL FAX CENTER MAY 10 2005
	Filing Date	December 8, 2003	
	First Named Inventor	DISCKO	
	Art Unit	3728	
	Examiner Name	David FIDEI	
Total Number of Pages In This Submission		Attorney Docket Number	P-2167/CIP2/D1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Fattibene and Fattibene		
Signature			
Printed name	Paul A. FATTIBENE		
Date	May 10, 2005	Reg. No.	31,894

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Paul A. FATTIBENE	Date	May 10, 2005

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PTO/SB/17 (10-04v2)

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60

Complete if Known

Application Number	10/730,499
Filing Date	December 8, 2003
First Named Inventor	DISCKO
Examiner Name	David FIDEI
Art Unit	3728
Attorney Docket No.	P-2167/CIP2/D1

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 06-0250

Deposit Account Name Fattibene and Fattibene

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 180	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	6 - 20** = 0	X	
Multiple Dependent	2 - 3** = 0	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 88	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not paid
1204 88	2204 44	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65		Surcharge - late filing fee or oath	
1052 50	2052 25		Surcharge - late provisional filing fee or cover sheet	
1063 130	1053 130		Non-English specification	
1812 2,520	1812 2,520		For filing a request for ex parte reexamination	
1804 920*	1804 920*		Requesting publication of SIR prior to Examiner action	
1806 1,840*	1805 1,840*		Requesting publication of SIR after Examiner action	
1251 110	2261 55		Extension for reply within first month	60
1252 430	2252 215		Extension for reply within second month	
1253 980	2253 490		Extension for reply within third month	
1254 1,530	2254 765		Extension for reply within fourth month	
1255 2,080	2255 1,040		Extension for reply within fifth month	
1401 340	2401 170		Notice of Appeal	
1402 340	2402 170		Filing a brief in support of an appeal	
1403 300	2403 150		Request for oral hearing	
1451 1,510	1451 1,510		Petition to institute a public use proceeding	
1452 110	2452 55		Petition to revive - unavoidable	
1453 1,370	2453 685		Petition to revive - unintentional	
1501 1,370	2501 685		Utility issue fee (or reissue)	
1502 490	2502 245		Design issue fee	
1503 660	2503 330		Plant issue fee	
1460 130	1460 130		Petitions to the Commissioner	
1807 50	1807 50		Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180		Submission of Information Disclosure Stmt	
8021 40	8021 40		Recording each patent assignment per property (times number of properties)	
1809 790	2809 395		Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790	2810 395		For each additional invention to be examined (37 CFR 1.129(b))	
1801 790	2801 395		Request for Continued Examination (RCE)	
1802 900	1802 900		Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 60

SUBMITTED BY

Name (Print/Type) Paul A. Fattibene

Registration No. 31,694

(Complete if applicable)

Telephone 203-255-4400

Signature

Date May 10, 2005

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor : John Discko
Serial No. : 10/730,499
Filed : December 8, 2003
For : SINGLE PATIENT DOSE MEDICAMENT DISPENSER WITH
APPLICATOR

Art unit : 3728
Examiner : David FIDEI

Attorney docket : P-2167/CIP2/D1

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MAY 10 2005

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND REPLY

Sir:

In response to the Office Action mailed January 11, 2005¹,
in the above-identified application, please enter the following
Amendment and Reply.

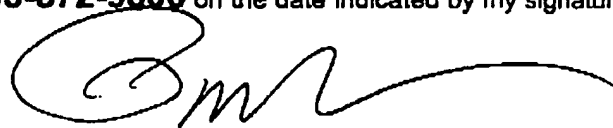
¹

Certification of Facsimile Transmission

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May 10, 2005

Date



Paul A. Fattibene
Reg. No. 31,694